



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)  
Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

|   |  |   |
|---|--|---|
| 1. Full Name of Committee (as on Statement of Organization)<br>Friends of Jeff Hern                         |  | <input type="checkbox"/> Check if this is a new name    |
| 2. Acronym or Abbreviated Name (if any)   | 3. Committee Telephone Number<br>( 317 ) 7960912   |   |
| 4. Mailing Address (address where all campaign finance correspondence is received)<br>16302 Remington Drive |  | <input type="checkbox"/> Check if this is a new address |
| 5. City, State, ZIP Code<br>Fishers IN 46038  | 6. Party Affiliation (if applicable)<br>Republican |   |

CANDIDATE INFORMATION (For Candidate's Committees Only)

|  |  |
|--|--|
| 7. Full Name of Candidate (include any nickname)<br>Jeff Hern  | 8. Party Affiliation or If Independent Candidate<br>Republican |
| 9. Office Sought (include district number, if any. Not required for exploratory committee.)<br>Fall Creek Township Trustee | 10. County of Residence<br>Hamilton                            |

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

|   |   |                          |
|---|---|--------------------------|
| 11. Check one:<br><input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other<br><input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization) | Check one:<br><input type="checkbox"/> Pre-Convention<br><input type="checkbox"/> Post-Convention |                          |
| 12. Reporting Period:<br>From: 4.12.14 Through: 10.17.14  | COLUMN A<br>This Period   | COLUMN B<br>Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period.   | 6,723.00  |                          |
| 14. Cash on hand and investments January 1, current year.   |   | 6,100.00                 |

CONTRIBUTIONS AND RECEIPTS

|   |          |          |
|---|----------|----------|
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) |          |          |
| 15a. Itemized (use Schedule A)  | 250.00   | 2,675.00 |
| 15b. Unitemized   | 0.00     | 326.00   |
| 15c. Add lines 15a and 15b in both columns  | SUBTOTAL | 3,001.00 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B                         | TOTAL    | 9,101.00 |

EXPENDITURES

|   |          |          |
|---|----------|----------|
| (Note: These amounts include in-kind expenditures and loan repayments.)                                   |          |          |
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C)  | 4,812.28 | 6,928.28 |
| 17b. Unitemized   | 0.00     | 12.00    |
| 17c. Add lines 17a and 17b in both columns  | SUBTOTAL | 6,940.28 |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | TOTAL    | 2,160.72 |
| 19. Debts OWED BY the committee (use Schedule D)  |          |          |
| 20. Debts OWED TO the committee (use Schedule E)  |          |          |

CERTIFICATION

I OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

|       |          |
|-------|----------|
| Title | Date     |
|       | 10/16/14 |

For sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly person who fails to file a complete or accurate report as required by the Indiana and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

2014 OCT 17 11:00 AM



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(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page \_\_\_\_\_ of \_\_\_\_\_

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)     | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|---|---|-----------------------------------|--|---------------------------------|
| 1. Brad Battin<br>14643 Clichea Ct,<br>Fortville IN 46040<br><br>Contributor's Occupation (if required) _____ | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | 250.00                            | 250.00                                 | 9/28/14<br>Jeff<br>Hern         |
| 2. _____<br><br>Contributor's Occupation (if required) _____  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____            |                                   |  |                                 |
| 3. _____<br><br>Contributor's Occupation (if required) _____  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____            |                                   |  |                                 |
| 4. _____<br><br>Contributor's Occupation (if required) _____  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____            |                                   |  |                                 |
| 5. _____<br><br>Contributor's Occupation (if required) _____  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____            |                                   |  |                                 |
| SUBTOTAL THIS PAGE OF SCHEDULE A  |   | \$ 250.00                         |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)      |   | \$ 250.00                         |  |                                 |



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**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page      of

| RECIPIENT'S NAME AND MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                          | RECIPIENT'S OCCUPATION<br><i>OFFICE SOUGHT (if applicable)</i> | TYPE OF EXPENDITURE<br>and<br>PURPOSE <i>(be specific)</i>   | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|---|--|--|-----------------------------------|--|------------------------|
| Code <u>A</u><br>Gridiron Communications<br>PO Box 1308<br>Granger, IN 46530                                    | mailings   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 4788.28                           | 4788.28                                | 7/1/14                 |
| Code _____  |  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: |                                   |  |                        |
| Code _____  |  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: |                                   |  |                        |
| Code _____  |  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: |                                   |  |                        |
| Code _____  |  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: |                                   |  |                        |
| Code _____  |  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: |                                   |  |                        |
| Code _____  |  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: |                                   |  |                        |
| SUBTOTAL THIS PAGE OF SCHEDULE B  |  |  | \$4788.28                         |  |                        |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br><i>(Enter total on ITEM 17a of the Summary Sheet)</i> |  |  | \$4788.28                         |  |                        |